

**UTAH ACCIDENT & HEALTH INSURANCE
BONA FIDE EMPLOYER ASSOCIATION GROUP QUESTIONNAIRE**

INSURER NAME: _____ **NAIC#:** _____

- **Complete a separate questionnaire for each group.**
- **Answer each question in detail. An incomplete questionnaire will result in a rejected filing.**

Name of Bona Fide Employer Association Group: _____

1. How is association membership solicited? _____

2. Who participates in the association? _____

3. Describe the process by which the association was formed. _____

4. Describe the purposes for which the association was formed. _____

5. What are the powers, rights and privileges of employer members? _____

6. Who actually controls and directs the activities and operations of the benefit programs? _____

7. Is the association in compliance with 31A-22-701? Yes _____ No _____
8. Describe the organization of the association. _____

9. How do the employers exercise control over the health plan? _____

Checklist for documents required to be submitted with this questionnaire:

- _____ Marketing materials used to solicit coverage
- _____ Articles of Incorporation
- _____ Bylaws
- _____ Demonstration of compliance with 45 CFR 146.121
- _____ Certification Statement of Compliance with 31A-30-103(4)
- _____ Actuarial certification that the group is actuarially sound per 31A-22-701
- _____ Association's flow chart

I HEREBY CERTIFY that I have reviewed the above and my responses are correct and in compliance with all applicable provisions of the Utah laws and rules. Filings with incomplete questionnaires will be rejected.

Print Name Title

Original or Digital Signature Date

For questions, contact Jordan Tolman at (801) 538-3861 or jmtolman@utah.gov.